2006 Patient Safety Awards - New York State Department of Health
Applicant Cover Page and Checklist

1. **Name and address of applicant** _____
   _____
   _____
   _____

2. **Project by title and function** _____
   _____
   _____

3. **Contact person(s)** _____
   _____

4. **Number of certified beds (nursing homes)** _____

5. **Residents served per year (adult care facilities)** _____

Applicant Checklist

Please be sure that your application provides the following important information:

( )   Analysis of target area, timeframe for development and implementation strategies, including barriers to success

( )   Description of any formal process of identifying areas for error reduction/performance improvement initiatives

( )   Detailed description of successful quality improvement and/or medical error reduction efforts previously and currently implemented in your facility

( )   Identification of measures used to determine effectiveness, standards and milestones for evaluation, and benchmark improvement indicators

( )   Explanation of protocol development and steps taken to implement quality improvement strategies

( )   Data reflecting favorable results directly related to quality improvement/error reduction strategies

( )   Evaluation of outcomes and discussion of collaborative efforts and future goals for continued improvement activities

( )   Complete application in narrative form. Include tables, statistics, and other relevant material as appropriate to support the application

New York State Department of Health
Application for Patient Safety/Resident Award

Certification of Information

The Administrator of the Nursing Home or Adult Care Facility should sign the following certification:

I certify the information contained in this application and attached materials are accurate and true.

_____   _____

Signature   **Date**

_____
        Typed or printed name

_____
        Title